

<i>SERFF Tracking Number:</i>	<i>GARD-126533873</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Guardian Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>45132</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H06 Health - Conversion</i>	<i>Sub-TOI:</i>	<i>H06.000 Health - Conversion</i>
<i>Product Name:</i>	<i>8695</i>		
<i>Project Name/Number:</i>	<i>/8695</i>		

## Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: 8695

SERFF Tr Num: GARD-126533873 State: Arkansas

TOI: H06 Health - Conversion

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: H06.000 Health - Conversion

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Marilyn Young

Reviewer(s): Rosalind Minor

Date Submitted: 03/09/2010

Disposition Date: 03/10/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number: 8695

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/10/2010

Explanation for Other Group Market Type:

State Status Changed: 03/10/2010

Deemer Date:

Created By: Marilyn Young

Submitted By: Marilyn Young

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Accident and Health Policy Form(s) HC-R-OP-AR-10.

NAIC # 64246

Dear Sir:

The captioned form is being submitted for filing and/or approval by your Department. The form will be used with our individual policy insert form HC-P-85 et al, currently on file with your Department.

SERFF Tracking Number: GARD-126533873 State: Arkansas  
Filing Company: The Guardian Life Insurance Company of State Tracking Number: 45132  
America  
Company Tracking Number:  
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Product Name: 8695  
Project Name/Number: /8695

Policy form HC-R-OP-AR-10 is new, and does not replace any other form. The new form provides benefits for orthotic and prosthetic devices and service, in compliance with HB 2244.

Since the new form was developed for use in your jurisdiction, they will not be filed with our domiciliary state, New York, until they are approved by your Department.

Rates are not affected.

The form in this submission were developed using simplified language. Each form has a Flesch reading ease test score of at least 40. The form was computer-scored. The certification of readability scores required by your jurisdiction is attached.

Your early consideration of this submission will be greatly appreciated.

Sincerely,

Marilyn Young  
Contract Coordinator  
Group Contracts and Regulatory Affairs  
Ph:(212) 598-8762  
Fax:(212) 919-3339

## Company and Contact

### Filing Contact Information

Marilyn Young, Contract Analyst Marilyn\_Young@glic.com  
7 Hanover Square 212-598-8762 [Phone]  
19 H 212-919-3339 [FAX]  
New York, NY 10004

### Filing Company Information

The Guardian Life Insurance Company of America	CoCode: 64246	State of Domicile: New York
7 Hanover Square	Group Code: 429	Company Type: Life
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8704 ext. [Phone]	FEIN Number: 13-5123390	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$20.00	03/09/2010	34709140

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/10/2010	03/10/2010

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## Disposition

Disposition Date: 03/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Policy Rider	Approved-Closed	Yes

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## Form Schedule

Lead Form Number: HC-R-OP-AR-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/10/2010	HC-R-OP-AR-10	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Rider	Initial			IHC-OP [AR].pdf

## ARKANSAS POLICY RIDER

This rider amends this policy's Covered Charges section as follows:

This policy covers charges incurred by a covered person for an (a) orthotic or prosthetic device; (b) the evaluation and treatment of the condition that requires the device; and (c) necessary repair and replacement of an orthotic or prosthetic device, unless repair or replacement is due to loss or misuse. Charges for replacement are limited to one time every three years unless the prescribing provider determines that the replacement is medically necessary.

Orthotic and prosthetic devices and services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas.

This policy treats such charges the same way it treats charges for a sickness. But what we pay will not be less than 80% of Medicare allowables as defined by the Center for Medicare Medicaid Services, Healthcare Common Procedures Coding System as of January 1, 2009, or as of a later date if adopted by rule of the Insurance Commissioner.

As used in this rider:

- "Orthotic device" means an external device that: (a) is intended to restore physiological function or cosmesis to a patient; and (b) is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with the delivery of the device to the patient.

Orthotic device does not include: (a) a cane; (b) a crutch; (c) a corset; (d) a dental appliance; (e) an elastic hose; (f) a fabric support; (g) a generic arch support; (h) a low-temperature plastic splint; (i) a soft cervical collar; (j) a truss; or (k) other similar device that is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility or similar retail entity and that has no significant impact on the neuromuscular, musculoskeletal or neuromusculoskeletal functions of the body.

- "Prosthetic device" means an external device that: (a) is intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to a patient; and (b) is custom-designed, fabricated, assembled, fitted, or adjusted for the patient using the device prior to or concurrent with being delivered to the patient.

A prosthetic device does not include: (a) an artificial eye; (b) an artificial ear; (c) a dental appliance; (d) a cosmetic device such as artificial eyelashes or wigs; (e) a device used exclusively for athletic purposes; (f) an artificial facial device; or (g) other device that does not have a significant impact on the neuromuscular, musculoskeletal or neuromusculoskeletal functions of the body.

This rider is part of this policy. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of this policy.

**The Guardian** Life Insurance Company of America

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SPECIMEN

Second Vice President & Actuary, Group Insurance ]



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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	<b>Date:</b> 03/10/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Cert. of Read .pdf			

		<b>Item Status:</b>	<b>Status</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	<b>Date:</b> 03/10/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

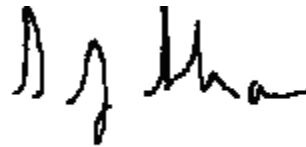
		<b>Item Status:</b>	<b>Status</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	<b>Date:</b> 03/10/2010
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

## CERTIFICATION OF READABILITY

Form number(s): HC-R-OP-AR-10

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 40 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



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(Signature of Officer)



Date: 3/09/10

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Group Contracts